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STILLWATER COUNTY BUSINESS DIRECT GRANT APPLICATION

APPLICANT INFORMATION

Date: _____ Applicant Name: _____

Business Name: _____

Business Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Amount Requested: _____ Are you a non-profit business? _____

Secretary of State / Business License Number: _____

DEMONSTRATED NEED

Type of Business: _____ Year business started in Stillwater Co: _____

Was your business determined to be non-essential during the COVID-19 shutdown/restrictions?

Date of shutdown/restrictions: _____

How many employees does this business support? _____ Part time: _____ Full time: _____

How will the funding be utilized and contribute to the sustainability of your business? (Examples: rent, payroll, utilities, marketing, inventory re-stocking). Include short ½ page narrative as a separate document with more specifics on how the funds will be utilized.

Did you apply for any COVID Relief funds (grants or loans)? If so, please list what programs and if you received funding.

What type of supporting documentation is included in this request to demonstrate financial need and how this grant will support the sustainability effort for your business? (Required documents: receipts for reimbursables, W-9, 501c3 status, signed application)

Applicant Signature: _____ Date: _____